

Case Number:	CM14-0185017		
Date Assigned:	11/12/2014	Date of Injury:	10/07/2005
Decision Date:	12/19/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64 years old female with an injury date of 10/07/05. Based on the 09/11/14 progress report, the patient complains of neck, right shoulder, and low back pain with headache. Her low back pain radiates down to her lower extremities. The cervical spine examinations showed tenderness to palpation along the posterior cervical musculature bilaterally. The range of motion on cervical spine has decreased and extension is limited to about 20 degrees. The patient has pain with both maneuvers and especially extension with ipsilateral bending which causes neural foraminal impinging and pain shooting into her trapezius muscle, medial scapular region and towards her arms. The right shoulder examination reveals tenderness to palpation. There was ecchymosis noted along the shoulder joint. The patient has limited shoulder abduction is limited to 90 degrees in comparison to the left. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally, with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the lumbar paraspinal muscle bilaterally. The patient has decreased range of motion with muscle guarding. The lumbar flexion is about 20 degrees and lumbar extension is about 10 degrees. There was tenderness on right knee along the medial lateral joint line with soft tissue swelling. The crepitus noted with general range of motion as well as a positive McMurray's test. Cervical spine MRI on 06/18/12 showed degenerative disc disease. Right shoulder MRI on 01/17/11 showed acromioclavicular hypertrophy and subacromial spurring. EMG study of the upper and lower extremities on 10/23/10 showed a mild left S1 radiculopathy. Cervical spine MRI on 10/21/10 showed a moderate sized C5-6 disc herniation with spondylolytic changes. Right knee MRI on 02/22/10 showed a probable radial tear of the anterior horn of the medial meniscus. Lumbar spine MRI showed on 02/19/10 showed a 2mm disc bulge at L2-3, a 2.7 disc bulge at L4-5, and a 2mm circumferential disc bulge at L5-S1

with bilateral hypertrophy of the facet joints. Her diagnoses include the following: 1. Cervical myoligamentous injury with bilateral upper extremity radicular symptoms. 2. Lumbar myoligamentous injury with bilateral lower extremity radicular symptoms and associated facet arthropathy. 3. Right shoulder impingement syndrome. 4. Right knee arthroscopic meniscus repair, 10/27/10. 5. Medication-induced gastritis. 6. Paradoxical atrial fibrillation on Coumadin. 7. Acute CVA with residual right hemiparesis, 02/21/13 with recurrence of stroke, 03/22/13. 8. Opiate dependency, s/p inpatient detoxification program at Chapman Medical Center 07/08/13-07/12/13. The treating physician is requesting 2x6 sessions of physical therapy for the cervical spine, lumbar spine and right knee; Cervical spine MRI with weight bearing and multipositional; and Botox 300 units injection to cervical, suboccipital, forehead, and temporal areas. The utilization review determination being challenged is dated 10/10/14. The treating physician provided treatment reports from 07/30/14-09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PT x6 FOR THE CERVICAL SPINE, LUMBAR SPINE AND RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with neck, right shoulder, and low back pain with headache. The request is 2x6 sessions of physical therapy for the cervical spine, lumbar spine and right knee. On the report dated 09/11/14, the treating physician states the patient never had physical therapy before and "the goals would be to improve her balance, endurance, safety as well as to improve range of motion, strength and to help alleviate pain." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for 12 total sessions of therapy for the patient's cervical spine, lumbar spine and right knee. The request of 12 sessions exceeds what is allowed per MTUS. The request is not medically necessary.

CERVICAL SPINE MRI-WEIGHTBEARING AND MULTIPOSITIONAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

Decision rationale: This patient presents with neck, right shoulder, and low back pain with headache. The request is for cervical spine MRI with weight bearing and multipositional. According to the progress report dated 09/11/14, the patient had cervical spine MRI before on

10/21/10 and 06/18/12. The treating physician states the reason to request new cervical spine MRI is "the patient's most bothersome complaints continue to be neck pain and headache symptoms that are not getting any better." ODG guidelines state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. The patient is not post-operative either. There does not appear to a valid reason for an updated MRI. The request is not medically necessary.

BOTOX 300 UNITS, INJECTION TO CERVICAL, SUBOCCIPITAL, FOREHEAD AND TEMPORAL AREAS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25, 26.

Decision rationale: This patient presents with neck, right shoulder, and low back pain with headache. The request is for Botox 300 units injection to cervical, suboccipital, forehead, and temporal areas. On the progress report dated 09/11/14, the treating physician stated "given the fact she has heart disease, high blood pressure and cerebral aneurysms, that Botox 300 units is probably the best treatment alternative to try and avoid a more aggressive treatment...the patient suffers from chronic migraine headaches for more than 15days per month, lasting more than 4 hours per day, as either a direct or indirect result of their cervical spine disability. The patient get debilitating headache as a result of the sustained cervical muscle contractions, which leads to abnormal posture/alignment of the neck and shoulder girdle which results in chronic migraine headache. The patient consistently responds well to trigger point injections on a short term basis...the patient is an excellent candidate for botulinum toxin." For Botox, the MTUS Guidelines page 25 and 26 state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". The request is not medically necessary.